

## APPLICATION FOR CONFIDENTIAL REGISTRATION

### STATE OF HAWAII

[ ] County of Hawaii  
[ ] County of Kauai } SS  
[ ] County of Maui  
[ ] City and County of Honolulu

1. Pursuant to Hawaii Revised Statutes §11-14.5, the undersigned hereby affirms that the application for confidential registration is based on the following:  
  
☐ A life threatening circumstance exists to myself or a member of my family.  
  
☐ The disclosure of this information would expose myself or a member of my family to risk of bodily harm.  
  
☐ The disclosure of this information would result in an unwarranted invasion of personal privacy.
2. Pursuant to Hawaii Administrative Rules §2-51-30 (c), the optional mailing address may be released in place of the applicant's residence address for election or government purposes.
3. Pursuant to Hawaii Administrative Rules §2-51-30 (d), the clerk may request additional information regarding the reasons justifying confidential treatment.
4. Pursuant to Hawaii Administrative Rules §2-51-30 (f), confidential registration status shall be retained for two election cycles, after which time the applicant must reapply.
5. Pursuant to Hawaii Administrative Rules §2-51-30 (h), the undersigned shall vote by mail absentee ballot only and the voter shall be responsible to apply for the mail absentee ballot.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Social Security Number or Date of Birth

\_\_\_\_\_  
Optional Mailing Address

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Telephone

This confidential registration shall expire on

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Initials

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Approved by:

\_\_\_\_\_  
CITY CLERK (CITY AND COUNTY OF HONOLULU)

\_\_\_\_\_  
COUNTY CLERK OF HAWAII

\_\_\_\_\_  
COUNTY CLERK OF MAUI

\_\_\_\_\_  
COUNTY CLERK OF KAUAI

\_\_\_\_\_  
CHIEF ELECTION OFFICER

\_\_\_\_\_  
DATE